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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/615,227
	Filing Date	July 8, 2003
	First Named Inventor	Ricardo Sasso
	Art Unit	3731
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	3076-4

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="text"/>	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Form SB/08A Copy of Cited References
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	C. David Emhardt, Reg. No. 18,483 Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	<i>C. David Emhardt</i>
Date	May 28, 2004

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Signature	<i>C. David Emhardt</i>
Date	May 28, 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application:)	Before the Examiner
Ricardo Sasso)	(not assigned)
)	
Application Serial No. 10/615,227)	Group Art Unit 3731
)	
Filed July 8, 2003)	Our Ref.: 3076-4
)	
INSTRUMENTATION AND METHOD FOR)	
PERFORMING IMAGE-GUIDED SPINAL)	
SURGERY USING AN ANTERIOR SURGICAL)	
APPROACH)	

INFORMATION DISCLOSURE STATEMENT

Honorable Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

Pursuant to the duty of disclosure embodied in 37 C.F.R. § 1.56, Applicants wish to bring to the attention of the Examiner the items of information listed on the enclosed Supplemental Information Disclosure Citation (IDS) form. Copies of the items listed in the IDS form are being provided herewith pursuant to 37 C.F.R. §1.98(d).

I hereby certify that this Correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

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Signature

May 28, 2004
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This Statement is being submitted under 37 CFR 1.97(b) before the occurrence of one or more of the following: (a) receipt of a First Office Action on the merits, (b) passage of three (3) months from the application filing date, or (c) passage of three (3) months from the date entry of the national stage. Accordingly, it is believed that no fee is due. However, should any fee be required, please charge such fee to Deposit Account No. 23-3030, but not to include any payment of issue fees.

Respectfully submitted,

By 

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Sheet	1	of	1	Attorney Docket Number	3076-4
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Application Number	10/615,227
Filing Date	July 8, 2003
First Named Inventor	Ricardo Sasso
Group Art Unit	3731
Examiner Name	Unassigned
Attorney Docket Number	3076-4

U.S. PATENT DOCUMENTS

[illegible][illegible]

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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